

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Afghanistan
Humanitarian / Resident Coordinator	Bo Asplund
Reporting Period	2008

I. Executive Summary:

Total amount of humanitarian funding required and received during the reporting year	REQUIRED¹: RECEIVED:	N/A N/A		
Total amount requested from CERF	FUNDS (IN TOTAL REQUESTED):	\$ 65,341,823		
Total amount of CERF funding received by funding window	RAPID RESPONSE: UNDERFUNDED: GRAND TOTAL:	\$ 9,446,560 \$ 8,774,084 \$ 18,220,644		
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM: NGOS: GOVERNMENT: OTHER: TOTAL(Must equal the total CERF funding allocated)²	N/A		
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (if available)	Male (if available)
	2,179,607²			
Geographic areas of implementation targeted with CERF funding (please be specific)	All regions (specific provinces include Badakhshan, Balkh, Baghlan, Faryab, Herat, Kabul, Laghman, Takhar, Saripul, Zabul, Kapisa, Samangan, Jawzjan, Kandahar, Paktia, Nangahar, Ghor, Dai Kundi, Bamiyan, Farah)			

II. Background

Afghanistan submitted multiple requests for CERF funding in 2008:

UNHAS: In response to an estimated funding deficit of \$1.4 million over three months due to a decline in donor contributions and rising expenses, UNHAS requested funds to be able to continue to provide air operations that are critical to the humanitarian response in Afghanistan.

Food crisis: Food prices rose from 40-80% throughout the country in 2007, placing 425,000 households (2.55 million people) at risk for food insecurity. The Government of Afghanistan and the UN issued a Joint Appeal on 24 January to respond to the humanitarian consequences of the rise in food prices

¹ Afghanistan did not have a consolidated appeal in 2008.

² Number does not take into account individuals who may have benefited from more than one CERF project

through June 2008. The CERF request was prepared based on projects within the appeal: food assistance (the largest share of the appeal by far) was prioritized for the largest share of the request, and WHO's and UNICEF's programs to prevent malnutrition associated with the food price were also prioritized.

Underfunded allocations: Due to the chronic neglect of the humanitarian aspects of Afghanistan's crisis by the international community, Afghanistan was selected to receive allocations in both rounds of grants from the CERF's underfunded window in 2008.

First round: The newly-established humanitarian country team established two priorities for use of funds from the first round of allocations: the ongoing winter emergency, and support to ongoing returnee operations, both of which has not received adequate response from donors. Regarding the winter emergency, in the fifteen worst-affected areas of the north, southeast, and northern regions, 227 people and at least 90,000 livestock were killed; in many of the affected areas livestock were the main source of livelihoods and further losses would have affected long-term food security. As for returnees, approximately 4.1 refugees had returned to Afghanistan since 2002 (357,000 in 2007 alone), and while some returnees are able to turn to extended families for support, others are in need of assistance from the international community; particularly needed are health, NFIs, and water assistance. In early 2008, there were also approximately 160,000 IDPs in the country displaced by conflict and by natural disasters.

Second round: For the second round of allocations, response to the ongoing drought was prioritized. The drought had placed some 1.15 million people at risk of drinking water shortages, malnutrition, and displacement. Due to the logistical difficulties of winter response in Afghanistan, pre-positioning of supplies for the winter emergency was also prioritized. Projects and sectors were selected by the newly-established inter-cluster coordination group and endorsed by the HCT and HC.

III. Implementation and results: (The Office of the Resident/Humanitarian Coordinator)

Health

WHO's health projects were designed in close collaboration with the Ministry of Public Health (MoPH), UNICEF, and health cluster members at the national level. The project in response to the food crisis was also coordinated with food security stakeholders, including WFP and the Ministry of Agriculture. At the field level, implementation of projects was coordinated with WHO's partner health NGOs and Provincial Health Directorates (PHDs).

Results and activities were as follows:

08-WHO-004:

MoPH staff and health program implementers were trained/briefed on life saving interventions and nutritional assessment surveys. The nutritional assessment survey was implemented in 24 drought affected and food insecure provinces (12 by WHO with CERF funds and 12 by UNICEF with its own resources). Emergency health supplies (diarrhoea pneumonia and interagency kits) and water quality control equipment were procured and distributed to the provinces through the Ministry of Public Health and WHO sub offices. Among the 3.4 million targeted beneficiaries, 700,000 were children under 5 years old and 350,000 were pregnant and lactating women.

08-WHO-016:

Emergency health supplies (e.g. diarrhea and pneumonia kits and emergency drugs) were distributed to the targeted provinces through central ministry of Public Health, Provincial Public Health Directorates, and WHO sub offices. A total of 3 million people (including 540,000 children under five and 600,000 women of child bearing age) benefited from the project.

08-WHO-059 (project ongoing):

Most of the planned emergency health supplies and equipment (2 interagency emergency health kits, 2 paqualab kits for water quality control, 10 diarrhea kits and some of the pneumonia kits) have been distributed to the targeted drought-affected provinces. MoPH staff and health program implementers are to soon be trained/briefed on their use. Communicable disease outbreaks reported by the Disease Early Warning System have been effectively responded to.

MoPH is WHO's main partner in country. Decisions about the distribution of supplies to provinces were undertaken in consultation with the MoPH, the Afghan Red Crescent Society (ARCS), and IFRC at the central level. In the field, health NGOs and Provincial Health Coordination Committees (PHCC) were the main partners in implementation.

Women and children, considered to be the groups most vulnerable to the effects of the food crisis and drought, were the primary focus of WHO's projects. In all trainings and briefing for health staff, WHO includes a module on gender-based violence.

As was the case with all agencies, insecurity in some parts of the country hindered direct monitoring and evaluation of the project.

Health/Nutrition

UNICEF's nutrition activities were coordinated with the nutrition cluster, including the MoPH Nutrition Department. The two projects (08-CEF-005 and 08--CEF-069-B) have targeted an estimated 1.2 million children at risk for malnutrition and have carried out the following activities to date:

- 7 additional therapeutic feeding units established, making a total of 44 therapeutic feeding units nationwide, of which 22 are in emergency affected provinces. 2,288 malnourished under-five children treated between October 2008 and January 2009.
- Communication strategy developed, messages developed, and materials designed for a campaign to promote breastfeeding. Implementation will be conducted in the second quarter of 2009 through radio, television and interpersonal communication at community level.
- Six provinces (Samangan, Saripul, Faryab, Juzjan, Paktia, and Hirat) have established community based management of severe acute malnutrition in 12 districts. 165 malnourished children have been treated as of January 2009.

A nutritional assessment is ongoing. Partners in project implementation include MoPH, nutrition cluster members, and AINA, a communication company contracted to develop a strategy to raise awareness of breastfeeding.

Shelter/NFIs/Multisector

UNHCR and IOM undertook projects to assist returnees and IDPs. Activities were coordinated through the shelter cluster and the national IDP task force, including the Ministry of Return and Reintegration (MoRR). UNHCR's activities focused on returnees and IDPs in southern Afghanistan and IOM focused on returnees in central and western Afghanistan, including deportees from Iran. IOM's winterization project was coordinated with the inter-cluster group responsible for preparedness for winterization activities. Results include the following:

- UNHCR: CERF funding contributed to the construction of 75 water points and 150 latrines in areas of high return (benefitting an estimated 65,000 people), and the continued operation of five encashment centers providing health and transportation assistance to the 278,000 returnees in 2008. NFI kits (blankets, plastic sheeting, and jerry cans) were also distributed to 15,000 families.
- IOM: IOM provided NFIs and transportation assistance to 1500 families and temporary shelter to 100 families. For the winterization project, a 3-month supply of charcoal was distributed to 2,235 families.

Along with MoRR, the Ministry of Rural Rehabilitation and Development (MoRRD) and MoPH, implementing partners including GTZ and the Cooperation Center of Afghanistan (CCA). At the local level implementation was carried out in partnership with Community Development Councils (CDCs).

Water and Sanitation

The CERF process contributed positively to coordination in the WASH cluster; it was the first opportunity partners had to submit proposals for funding that were reviewed by the cluster and incorporated into the final CERF application. Results of the UNICEF WASH project for drought response include:

- Safe drinking water (130,000 liters/day) and hygiene education provided for four months to 5,300 returnee families in Laghman (Mehterim camp) and Nangarhar (Chemtala camp).
- Safe drinking water provided to 70,000 families in 32 districts in 4 drought-affected provinces (Jawzjan, Saripul, Faryab, Balkh) for 6 months; 5 schools and 5 health facilities provided with WASH facilities
- Provision of safe drinking water and hygiene education to 71,220 families for 6 months in Balkh, Samangan, Baghlan, and Takhar, and construction of WASH facilities in 3 health care facilities

Construction of water points and latrines is ongoing.

Funds received from the CERF were channeled to partners (NGOs and the Government) through cooperation agreements with UNICEF. The primary beneficiaries of the provision of safe water at a reasonable distance were women, who otherwise would have had to travel long distances to access water.

As for monitoring and evaluation, the WASH cluster lead, deputy lead, and other partners monitor activities through regular cluster meetings, which include an update on CERF projects. Cluster leads recently visited Nangarhar province and reviewed project implementation there (see success story).

Agriculture

As part of the broader winter response coordinated by the humanitarian country team, FAO provided emergency animal feed to 7140 families in western Afghanistan (Badghis, Farah, Ghor, and Herat provinces). In addition to the Ministry of Agriculture, Irrigation, and Livestock, the following NGOs were partners in implementation of the project: CAWA, RAADA, AREA, and SACC.

CSS

The CERF application was prioritized by the UNHAS Board of Directors and the Humanitarian Coordinator, and supported by the rest of the humanitarian community as adequate air services are essential to the overall humanitarian response.

Food

The need for food assistance to an additional 235,000 households was identified based on a joint review by WFP, the Ministry of Agriculture, Irrigation, and Livestock (MAIL), MRRD, and the Central Statistics Office (CSO). A joint coordination committee for response to the food price crisis was created and had members from the government and UN agencies.

160,000 beneficiaries in 26 provinces received 8,106 tons of food commodities through general food distribution. Implementing partners included MAIL, MoRRD, local NGOs, Community Development Councils (CDCs) and the Afghan Red Crescent Society (ARCS).

WFP monitored general food distributions in areas where it had direct access; in other areas distribution was monitored by implementing partners and/or government authorities.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Expected Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements, including actual beneficiaries
Health	<i>08-WHO-004 (RR) "To minimize the health consequences of food insecurity due to increase of food prices"</i>	248,040	400,000 individuals	MoPH and health program implementing NGOs	30% of the necessary emergency health supplies and equipment were available in the health facilities of affected provinces	<ul style="list-style-type: none"> ■ Essential drugs available in the targeted provinces (Badakhshan, Baghlan, Balkh, Faryab, Hirat, Kabul, Laghman, Takhar, Saripul, Zabul and Kapisa) (5 complete interagency health emergency kits, 10 interagency emergency health kits (diarrhoeal profile), 10 Pneumonia kits) ■ Nutrition needs assessment report. ■ Evidence based decision and action ■ Nutrition supplies and equipment (weighing scales, height measuring board, micronutrient supplements, etc.) procured and distributed to the targeted provinces. ■ Around 50 health staff and health educators from the targeted provinces provided briefing sessions on emergency life-saving interventions. ■ Community aware of the preventive measures of malnutrition and communicable disease outbreaks. ■ Reduced morbidity and mortality especially among women and children ■ Improved monitoring and evaluation of the field activities ■ Controlled morbidity and 	<ul style="list-style-type: none"> ■ Emergency health supplies and equipment (e.g. Pneumonia, Diarrhea and Interagency Emergency Health Kits, Paqualabs, ringer lactate, Vit. A and survey tools) procured and distributed to provinces through MoPH and WHO sub-offices. ■ Nutritional assessment survey was implemented in 12 provinces by WHO (UNICEF conducted an assessment in an additional 12 provinces with its own funds) ■ Health staff has been briefed on the nutrition survey and necessary life saving interventions

						<ul style="list-style-type: none"> mortality due to communicable diseases and malnutrition. Improved hygiene, sanitation in the targeted communities. 	
	<p>08-WHO-016 (UFE) “Health sector response to the humanitarian situation in Afghanistan”</p>	990,000	<p>3 million individuals (NOTE: numbers are for overall project, not CERF-funded portion)</p>	<ul style="list-style-type: none"> MoPH 		<ul style="list-style-type: none"> Strengthening of emergency medical services, through the timely provision of needed life saving health supplies (4 complete interagency health emergency kits, 20 interagency emergency health kits (diarrhoeal profile), 10 Pneumonia kits, 10 Italian emergency health kits (traumatological profile), IV fluids) Strengthening of the humanitarian surge capacity and other emergency health technical support, through quick impact humanitarian assessments and policy and local level support to improvement of the emergency response surge capacities. 	<ul style="list-style-type: none"> Diarrhea case fatality rate kept under 1% Mortality rate due to Acute Respiratory Infections (ARI) decreased
	<p>08-WHO-059 (UFE) “Health cluster response to the health effects of drought and food insecurity”</p>	449,935	<p>3.4 million individuals (NOTE: numbers are for overall project, not CERF-funded portion)</p>	<ul style="list-style-type: none"> MoPH and health program implementing NGOs (SC-UK, AMI, MERLIN, and MEDAIR) 		<ul style="list-style-type: none"> Provision & distribution of emergency health supplies (2 interagency emergency health, 10 basic diarrhea kits, IV fluids 150 Pneumonia kits (A + B), Local purchase of antibiotics and other emergency medicines) Provision of 2 Paqualabs (one per a cluster of 5-7 provinces) Provision of water quality control lab reagents Monitoring and evaluation 	<ul style="list-style-type: none"> More than 1 million population in the affected areas have access to emergency health supplies Most of the Emergency Health Supplies and water quality control equipment (2 interagency emergency health kits, 2 Paqualab kits for water quality control, 10 diarrhea kits and some of the pneumonia kits)) have been procured and distributed. Remaining supplies are in the pipeline Training of the health staff on effective use of the emergency health supplies and water quality control will be conducted soon

<p>08-CEF-005 (RR) “Nutrition Response to household food insecurity arising from sudden and drastic increase of wheat flour price in Afghanistan”</p>	<p>808,866</p>	<p>237,588 (6-59 month old) children, 118,794 pregnant and lactating women</p>	<p>■ MoPH, AINA communication company, nutrition cluster members</p>			<ul style="list-style-type: none"> ■ Reduced prevalence of moderate and severe acute malnutrition in targeted provinces. ■ Reduced mortality from severe acute malnutrition at community and health facility levels ■ Proportion of communities and health facilities implementing community based management of moderate and severe acute malnutrition, integrated growth monitoring and promotion outreach services and strengthened delivery of micronutrient supplements ■ Enhanced community participation and ownership of community based nutrition interventions. 	<p>For both 08-CEF-005 and 08-069-B:</p> <ul style="list-style-type: none"> ■ 7 additional therapeutic feeding units established, making a total of 44 therapeutic feeding units nationwide, of which 22 are in emergency affected provinces. ■ 2,288 cases of malnourished under-five children have been treated between October 2008 and January 2009. ■ Communication strategy developed, messages developed, materials have been designed and implementation will be conducted in the second quarter of 2009 through radio, television and interpersonal communication at community level.
<p>08-CEF-069-B (UFE) “Provision of safe drinking water, hygiene promotion and nutrition support in response to drought disaster and rising food prices in 22 drought affected provinces of Afghanistan”</p>	<p>447,795</p>	<p>1,200,000 under-five children and 540,000 pregnant and lactating women in 22 provinces (NOTE: numbers are for overall project, not CERF-funded portion)</p>				<ul style="list-style-type: none"> ■ Establish and strengthen case management and psychosocial stimulation in therapeutic feeding units ■ Implement community based management of severe acute malnutrition which will include screening and referral of under-five children, pregnant and lactating women for nutrition counselling and care in 7 vulnerable districts ■ Provide technical support for the establishment and strengthening of community based nutrition surveillance system ■ Conduct monitoring and supportive supervision. 	<ul style="list-style-type: none"> ■ Six provinces (Samangan, Saripul, Faryab, Juzjan, Paktia, and Hirat) implementing community based management of severe acute malnutrition in 12 districts. 165 malnourished children have been treated as of month of January 2009. ■ Nutritional surveillance underway

Shelter and NFIs	08-IOM-008 (UFE) "Rapid Response Humanitarian Assistance for IDPs"	1,274,793	1,500 families displaced by causes such as deportation, flood, drought and security incidents, comprising an estimated 4,500 male and 4,500 female members. More than half of the total beneficiaries are expected to be minors.	<ul style="list-style-type: none"> Cooperation Center of Afghanistan (CCA) 6,510 USD 		<ul style="list-style-type: none"> To distribute 1,500 vulnerable families with non-food items To distribute 100 vulnerable families with tents To distribute 400 vulnerable families with shelter construction kits To provide 1,000 persons with transportation assistance to their final destinations 	<ul style="list-style-type: none"> Beneficiaries were provided with NFIs. Shelter was provided (both permanent and emergency). Beneficiaries were transported to their points of origin. Living conditions were improved and beneficiaries were provided maximum opportunity to reintegrate.
	08-IOM-023 (UFE) "Fuel Provision for Vulnerable Families in Winter"	399,035	2500 households	<ul style="list-style-type: none"> None 		<ul style="list-style-type: none"> To meet the urgent fuel needs of vulnerable families prior to the onset of winter (Indicator: Charcoal packages – 294kg per family for 3 months for 2500 families) To reduce the number of families displaced due to inadequate heating in the winter months Improve coordination and response of the international community and local authorities to winterization 	<ul style="list-style-type: none"> 2,235 families received 294 kg of charcoal for 3 months (project ongoing in 2009) Living conditions were improved and beneficiaries were provided with some support to reduce the budget needed for heating expenses, being given the chance to allocate those funds for other pressing needs IOM has liaised with local authorities and other stakeholders and coordinated the emergency response/NFIs distribution with other actors including UNAMA and GoA various departments.
Watsan	08-CEF-069-A (UFE) "Provision of safe drinking water, hygiene promotion and nutrition support in response to drought disaster and rising food prices in 22 drought affected provinces of Afghanistan"	3,302,157	1,150,000 people including 575,000 children and 280,000 women (NOTE: numbers are for overall project, not CERF-funded portion)	<ul style="list-style-type: none"> Committed to date: SC-UK (216,843), SCA (46,753), RRD, community development counvils (CDCs) 		<ul style="list-style-type: none"> Water tankering to 9 provinces so vulnerable communities receive minimum of 10 liters per day per person safe water for human consumption in the drought affected communities for a minimum of 3 months period. Construction of strategic water points and handpump water supply to 	<ul style="list-style-type: none"> Safe drinking water (130,000 liters/day) and hygiene education provided for four months to 5,300 returnee families in Laghman (Mehterim camp) and Nangarhar (Chemtala camp). Safe drinking water provided to 70,000 families in 32 districts in 4 drought-affected provinces (Jawzjan, Saripul, Faryab, Balkh) for 6 months; 5 schools and 5 health facilities provided with WASH facilities Provision of safe drinking water and hygiene education to 71,220 families for 6 months in

						<p>minimize water tankering (110 bore wells in 7 provinces; construction/rehabilitation of 40 additional water points)</p> <ul style="list-style-type: none"> Hygiene and sanitation promotion and provision of sanitation facilities (100 latrines in 5 provinces) 	<p>Balkh, Samangan, Baghlan, and Takhar, and construction of WASH facilities in 3 health care facilities</p> <ul style="list-style-type: none"> Construction of water points and latrines ongoing
Multi-sector	<p>08-HCR-005 (UFE) “Voluntary Return and Repatriation of Afghan Refugees and Internally Displaced Persons in Afghanistan”</p>	1,095,590	<p>220,000 planned returns in course of 2008, as well as returnees from earlier years (NOTE: numbers are for overall project, not CERF-funded portion)</p>	<ul style="list-style-type: none"> Ministry of Rural Rehabilitation and Development, Ministry of Public Health, GTZ and UNHCR 		<ul style="list-style-type: none"> Water: CERF funding will be used to construct 75 water points and 150 latrines covering 7,500 families or 45,000 individuals. Health: UNHCR will support continuation of basic medical services in IDP camps in the southern region. UNHCR operates 7 encashment centres throughout the country, where returnees receive their reintegration and transport grant. At the encashment centres it is vital to maintain presence of qualified medical personnel who provide first-aid and emergency medical assistance to the needy returnees. CERF funding for health sector will allow UNHCR to continue these vital medical services. NFIs: UNHCR targets to distribute basic NFIs (blankets, plastic sheeting and jerry-cans) for approximately 40,000 families country wide. CERF funding will facilitate procurement of these three items for approximately 15,000 families, as well as 	<ul style="list-style-type: none"> Water: The CERF funding contributed to the construction 75 water points and 150 latrines. In its initial planning for the water and sanitation sector in 2008, UNHCR foresaw the implementation of 375 water points (WP) and 750 latrines throughout Afghanistan. This figure was eventually raised to 393 partly as a result of the positive achievements recorded through cooperation with the Community Development Councils (CDCs) established under the Government’s National Solidarity Programme (NSP), and partly due to the greater demands made by returnees notably in some drought affected areas in the north and spontaneous settlements in the eastern province of Ningahar. The constructed water points are benefiting some 65,000 Afghans. UNHCR’s water programme targets provinces of high or potential return, as well as drought-affected areas. Among the planned activities, 119 WPs (34%) have been implemented through CDCs, creating a sense of ownership within user communities and expediting the implementation process. Health: The CERF funding towards health activities in 2008 has facilitated that basic medical services have been maintained to cater emergency needs at encashment centres and in IDP settlements in the South, the East and the West. Some 270,409 IDPs are currently identified throughout Afghanistan. The majority are living in camp with access to the health facilities provided by UNHCR with the assistance of CERF funding in 2008. In 2008, a total of 278,484 Afghans repatriated under the UNHCR voluntary repatriation operation. Upon arrival

						<p>contribute to the UNHCR's ability to transport, warehouse and distribute these items.</p>	<p>in Afghanistan, returnees must visit one of the five UNHCR Encashment Centres (EC) to receive the transportation and reintegration cash assistance. At the ECs, returnees also have access to a variety of health services such as polio and measles vaccinations for children, basic medical assistance and mosquito nets in malaria prone areas aying. All of the encashment centres are managed by UNHCR in cooperation with the Ministry of Refugees and Repatriation (MoRR). The funding received from the CERF assisted in sustaining the health facilities in the encashment centres in 2008.</p> <ul style="list-style-type: none"> ■ NFIs: UNHCR distributed over 61,000 basic NFI (blankets, plastic sheeting and jerry-cans) packages in 2008 – more than the 40,000 initially planned targeted figure. The CERF funding towards the 2008 NFI programme amounted to some 15,000 packages to the agreed same amount of families. Each of the targeted 15,000 families, as part of the CERF funded NFIs packages, received 3 blankets, 2 plastic sheets and 1 jerry can per family. The NFI packages in 2008 were distributed to families in the provinces of Jalalabad, Kabul, Hirat, Mazar and Kandahar.
Agriculture	<p>08-FAO-004 (UFE) “Emergency support to vulnerable food insecure farming families through the provision of animal feed for the 2008 winter season”</p>	814,779	<p>8 300 vulnerable farming families hit by the cold snaps in the worst affected provinces: Herat, Farah, Badghis, Ghor, Daykundi and Bamiyan</p>	<ul style="list-style-type: none"> ■ CAWA 40950 ■ RAADA 40800 ■ AREA 40692 ■ SACC 2558 		<ul style="list-style-type: none"> ■ Ensure subsistence of a part of their flock throughout the winter of at least 8 300 households among the most vulnerable to save some of their best stocks by providing some 1 000 tonnes of supplementary compound feed; ■ At least 8 300 households having livestock after the winter; ■ Expect that 24 900 to 33 200 heads of animals to be alive in July; ■ Survival of 20 percent of off-spring expected during the spring; 	<ul style="list-style-type: none"> ■ The project planned to procure 1000 MT of concentrated animal feed to reach 8300 beneficiaries, due to the rise in global prices the project only managed to procure 714 MT and actually reached 7140 beneficiaries in 18 districts of five provinces.

						<ul style="list-style-type: none"> Increased nutrition, income, animal-draft power and fuel for 8 300 vulnerable herders/farmers. 	
CSS	08-WFP-006 (RR) “ United Nations Humanitarian Air Service”	1,444,500	N/A	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> UNHAS will be able to continue operating throughout February – April 2008. 	<ul style="list-style-type: none"> The services were able to survive during this period, and donors are now manifesting more interest in subsidizing UNHAS.
Food	08-WFP-010 (RR) “Food Assistance for Livelihood Protection in Afghanistan”	6,945,154	22,600 households (135,600 persons)	<ul style="list-style-type: none"> Ministry of Agriculture Irrigation and livestock, Ministry of Rural Rehabilitation and Development, communities 	<ul style="list-style-type: none"> 2.5 million people required immediate food needs due to high food prices 	<ul style="list-style-type: none"> Through this application to CERF Grant, WFP will procure nearly 7,673 tonnes of food (6,480 tonnes of wheat, 648 tonnes of pulses, 480 tonnes of vegetable oil and 65 tonnes of salt), for rural-based interventions, target food insecure households in nine provinces, through general food distributions, aimed at covering their immediate needs. 	<ul style="list-style-type: none"> Through CERF contribution, WFP assisted 160,000 people with 8,106 tons food (wheat 6,620 tons, pulses 950 tons and vegetable oil 536 tons) covering their immediate food needs in rural areas.

V. CERF IN ACTION

Success story for WHO-CERF project 08-WHO-004

Health services were hardly accessible to communities affected by the harsh winter. A pregnant woman was suffering severe labor pains in her mud-made house in the Northern Province of Maymana (the name and full address of the patient is kept confidential). When the duration of the severe pain persisted longer than normal, the head of the family was desperate to seek medical care. The woman was lucky- a mobile health team was visiting the village. The head of the team, a medical doctor, visited the patient and found the life of the mother was in a critical situation due to obstructed labor. The doctor advised the family members to transfer the patient to the provincial hospital.

The villagers accepted the doctor's advice and transferred the case. The patient was able to deliver her baby through cesarean section. The mother survived and her newborn baby is also in good health. Now the family is happy and they are thankful that health services were available.

Success story for UNICEF CERF project 08-CEF-069-A

WASH cluster leads recently visited the eastern province of Nangarhar to monitor the progress of CERF-funded activities to provide water to camps for returnees. In interviews, beneficiaries reported that they considered the WASH support very effective and without it they might have had to move back to Pakistan. A full report will be issued shortly; attached are photos from the visit to the camps.